

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Agriculture and Commerce		CONTACT PERSON Tommy McDaniel	TELEPHONE NUMBER (662)325-7763	
ADDRESS P.O. Box 5207		CITY Miss. State	STATE MS	ZIP 39762
EMAIL tommyym@mdac.state.ms.us	SUBMIT DATE May 19, 2010	Name or number of rule(s): Tree Surgeons		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Miscellaneous amendments

Specific legal authority authorizing the promulgation of rule: Miss. Code of 1972, Sec. 69-19-1

List all rules repealed, amended, or suspended by the proposed rule: Subpart 3, Ch. 11, Subch. 05, Sec. 500, 501, 502, 503, 504, 507 and 509

**ORAL PROCEEDING:**

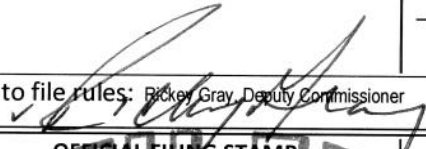
- ☐ An oral proceeding is scheduled for this rule on Date: Time: Place:
- ☒ Presently, an oral proceeding is not scheduled on this rule.

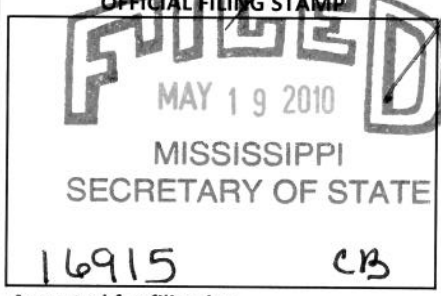
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

- ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify):	<b>Action proposed:</b> _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed effective date:</b> <input checked="" type="checkbox"/> 30 days after final filing _____ Other (specify):	<b>Date Proposed Rule Filed:</b> <b>Action taken:</b> _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing _____ Other (specify):

Printed name and Title of person authorized to file rules: Rickey Gray, Deputy Commissioner  
 Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by	Accepted for filing by